

| POSITION            | INITIALS       | ID NO.       | DATE                |
|---------------------|----------------|--------------|---------------------|
| FEES DETERMINATION  | Cecil G        |              | 10-19-01            |
| O.I.P.E. CLASSIFIER |                |              |                     |
| FORMALITY REVIEW    | SP<br>Response | 1125<br>1019 | 11/6/01<br>04-02-02 |
|                     |                |              |                     |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 -+ ..... Restricted      0 ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    | 4/8     |
| Original | 2/9     |
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04/02/02  
S-571  
If more than 150 claims or 10 actions  
staple additional sheet here

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